

## **Medicaid: Psychosocial Rehabilitative Services (PRS)**

According to the Utah Medicaid Provider Manual (April 2015), 1-5: Provider Qualifications,

### **C. Training Requirements for Other Trained Individuals**

*Other trained individuals may provide psychosocial rehabilitative services (see Chapter 2-11).*

*These individuals must receive training in order to be a qualified provider. The hiring body must ensure the following minimum training requirements are met:*

*1. Individuals shall receive training on all administrative policies and procedures of the agency, and the program as applicable, including:*

- Fraud, waste or abuse detection and reporting;*
- HIPAA and confidentiality/privacy policy and procedures;*
- Emergency/crisis procedures; and*
- Other relevant administrative-level subjects.*

*2. Individuals shall also receive information and training in areas including:*

- Philosophy, objectives, and purpose of the service(s) the individual will be delivering;*
- Medicaid definition of the service(s) the individual will be delivering;*
- Specific job duties;*
- Treatment plans and development of treatment goals;*
- Role and use of clinical supervision of the other trained individual;*
- Population(s) served and the functional impacts of diagnoses that result in the need for the service;*
- Healthy interactions with clients to help them obtain goals;*
- Management of difficult behaviors;*
- Medications and their role in treatment;*
- Any formal programming materials used in the delivery of the service (the individual shall understand their use and receive training on them as required); and*
- Other relevant subjects as determined by the agency.*

*3. The hiring body shall maintain documentation of training including dates of training, agendas and training/educational materials used.*

*4. The supervising provider must ensure individuals complete all training within 60 calendar days of the hiring date, or for existing providers within 60 calendar days from the date of enrollment as a Medicaid provider.*

According to the Utah Medicaid Provider Manual (July 2014), 2-11 Psychosocial Rehabilitative Services, **Psychosocial rehabilitative services (PRS)** are provided face-to-face to an individual or a group and are designed to restore the client to his or her maximum functional level through the use of face-to-face interventions such as cueing, modeling, and role-modeling of appropriate fundamental daily living and life skills. This service is aimed at maximizing the client's basic daily living and life skills, increasing compliance with the client's medication regimen as applicable, and reducing or eliminating symptomatology that interferes with the client's functioning, in order to prevent the need for more restrictive levels of care such as inpatient hospitalization. Intensive psychosocial rehabilitative services may be coded when a ratio of no more than five clients per provider is maintained during a group rehabilitative psychosocial service.

**Who:**

- 1. licensed social service worker or individual working toward licensure as a social service worker in accordance with state law under supervision of a licensed mental health therapist;*
- 2. licensed registered nurse;*
- 3. licensed practical nurse under the supervision of a licensed registered nurse or a licensed mental health therapist identified in paragraph A. 1 of Chapter 1-5;*
- 4. licensed ASUDC or SUDC under the general supervision of a licensed mental health therapist*

*identified in paragraph A.1 of Chapter 1-5 qualified to provide supervision;*

*5. licensed CASUDC or a CASUDC-I under direct supervision of a licensed mental health therapist identified in paragraph A.1 of Chapter 1-5 or a licensed ASUDC qualified to provide supervision;*

*6. CSUDC or CSUDC-I under direct supervision of a licensed mental health therapist identified in paragraph A.1 of Chapter 1-5 or a licensed ASUDC or SUDC qualified to provide supervision; or*

*7. other trained individual (but not including foster parents or other proctor parents) under the supervision of a licensed mental health therapist identified in paragraph A.1 or A.3(b) of Chapter 1-5, a licensed social service worker or a licensed registered nurse; or a licensed ASUDC or SUDC when the service is provided to individuals with an SUD; or*

*8. registered nursing student, engaged in activities constituting the practice of a regulated occupation or profession while in training in a recognized school approved by DOPL, or individual enrolled in a qualified substance use disorder counselor education program, exempted from licensure in accordance with state law, and under required supervision.*

*9. The above are the core providers of this service. In addition, a licensed mental health therapist, an individual working within the scope of his or her certificate or license or an individual exempted from licensure as a mental health therapist may also perform this service. (See Chapter 1-5, B. 1.)*

#### *Limits:*

*1. In group psychosocial rehabilitative services, a ratio of no more than twelve clients per provider up to a maximum of 36 clients must be maintained during the entire service.*

*2. In accordance with 42 CFR 440.130, and the definition of rehabilitative services, the following do not constitute medical or remedial services and may not be billed to Medicaid:*

*a. activities in which providers are not present and actively involved helping individuals regain functional abilities and skills;*

*b. routine supervision of clients, including routine 24-hour care and supervision of clients (or clients' children) in residential settings. Routine supervision includes care and supervision-level providers who may have informal, sporadic interactions with a client that are helpful; however, these types of interactions do not constitute a billable structured, pre-planned psychosocial rehabilitative individual or group session. Individual and group PRS must be provided in accordance with a formal schedule for the client and must be documented in accordance with the requirements in the 'Record' section below. Otherwise intermittent unplanned communications with the client are part of the routine supervision and are not billable;*

*c. activities in which providers perform tasks for the client, including activities of daily living and personal care tasks (e.g., grooming and personal hygiene tasks, etc.);*

*d. time spent by the client in the routine completion of activities of daily living, including chores, in a residential setting; this time is part of the routine 24-hour supervision;*

*e. habilitation services;*

*f. job training, job coaching and other vocational activities, and educational services and activities such as lectures, presentations, conferences, other mass gatherings, etc.;*

*g. social and recreational activities, including but not limited to routine exercise, farming, gardening & animal care activities, etc. Although these activities may be therapeutic for the client, and a provider may obtain valuable observations for processing later, they do not constitute billable activities. However, time spent before and after the activity addressing the clients' skills and behaviors related to the clients' rehabilitative goals is allowed);*

*h. routine transportation of the client or transportation to the site where a psychosocial rehabilitative service will be provided; and*

*i. any type of child care (including therapeutic child care).*

*3. In intensive group psychosocial rehabilitative programs, a ratio of no more than five clients per provider must be maintained during the entire service.*

*\*Psychosocial rehabilitative services provided in licensed day treatment or licensed residential treatment*

*programs:*

*Because clients may leave and return later in the day (e.g., to attend other services, for employment, etc.), if attendance in each group meets the minimum time requirement for billing (i.e., at least eight minutes), then time spent throughout the day may be totaled to determine units of service provided for billing purposes. If attendance in some groups does not meet the eight minute minimum, then those groups may not be included in the daily total for determining the amount of time spent and the number of units to be billed.*

*Record:*

*A. Psychosocial Rehabilitative Services Provided in Licensed Day Treatment or Licensed Residential Treatment Programs*

*1. For each date of participation in the program, documentation must include:*

- a. name of each group in which the client participated (e.g., anger management, interpersonal relations, etc.);*
- b. date, start and stop time, and duration of each group; and*
- c. setting in which each group was rendered (e.g., day treatment program).*

*2. Because rehabilitation is a process over time requiring frequent repetition and practice to achieve goals, progress is often slow and intermittent. Consequently, there must be sufficient amounts of time for progress to be demonstrated. Therefore, at a minimum, one summary note for each unique type of psychosocial rehabilitative group the client participated in during the immediately preceding two-week period must be prepared at the close of the two-week period. The required summary note may be written by the provider who provided the group, or by a provider who is most familiar with the client's involvement and progress across groups.*

*The summary note must include:*

- a. name of the group;*
- b. treatment goal(s) related to the group;*
- c. progress toward treatment goal(s) or if there was no reportable progress, documentation of reasons or barriers; and*
- d. signature and licensure or credentials of the individual who prepared the documentation. If a co-leader is present for the group, the note must contain the co-leader's name and licensure or credentials.*

*If the provider prefers, the provider may follow the documentation requirements listed under the next section, section B.*

*B. Psychosocial Rehabilitative Services Provided to a Group of Individuals in Other Settings*

*When psychosocial rehabilitative services are provided to groups of clients outside of an organized day treatment or residential treatment program, for each unique type of psychosocial rehabilitative group and for each group session, documentation must include:*

- 1. date, start and stop time, and duration of the group;*
- 2. setting in which the group was rendered;*
- 3. specific service rendered (i.e., psychosocial rehabilitative services) and the name of the group (e.g., relationship skills group, etc.);*
- 4. treatment goal(s) related to the group;*
- 5. progress toward treatment goal(s) or if there was no reportable progress, documentation of reasons or barriers; and*
- 6. signature and licensure or credentials of the individual who rendered the service. If a co-leader is present for group, the note must contain the co-leader's name and licensure or credentials.*

*C. Psychosocial Rehabilitative Services Provided to an Individual*

*When provided to an individual, for each service documentation must include:*

- 1. date, start and stop time, and duration of the service;*

2. *setting in which the service was rendered;*
  3. *specific service rendered (i.e., psychosocial rehabilitative services)*
  4. *treatment goal(s);*
  5. *progress toward treatment goal(s) or if there was no reportable progress, documentation of reasons or barriers; and*
  6. *signature and licensure or credentials of the individual who rendered the service.*
- If psychosocial rehabilitative services goals are met as a result of participation in the service, then if applicable, new individualized goals must be added to the treatment plan.*